

TTO COMPLIANCE CERTIFICATION STATEMENT
FORM 2

FILE
11/27/06

TTO Certification Statement for the operation located at

Alaskan Copper Works - 6th Avenue
3200 6th Avenue S.
Seattle, WA 98134

Permit No. 7238-03

Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation or pretreatment standard for total toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting (or control) authority.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that a qualified personnel properly gathers and evaluates the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(PLEASE COMPLETE SECTION 1 OR 2 BELOW)

1. The toxic organic management plan for the facility is the same as that submitted as part of the "90-Day Report" or subsequent correspondence with King County.

NAME: James Brown TITLE: Operations Mgr.

SIGNATURE: James Brown DATE: 11/27/06

Principal Executive/Authorized Agent
(please circle one)

2. The toxic organic management plan for the facility is attached.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Principal Executive/Authorized Agent
(please circle one)

Please return this form to: King County Industrial Waste
130 Nickerson Street, Suite 200
Seattle, WA 98109-1658

FILE
11/27/06

TTO COMPLIANCE CERTIFICATION STATEMENT

FORM 2

TTO Certification Statement for the operation located at

Alaskan Copper Works - Marginal Way
3600 E. Marginal Way
Seattle, WA 98134

Permit No. 7201-03

Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation or pretreatment standard for total toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting (or control) authority.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that a qualified personnel properly gathers and evaluates the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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NAME: James Brown TITLE: Operations Mgr.

SIGNATURE: James Brown DATE: 11/27/06

Principal Executive/Authorized Agent
(please circle one)

2. The toxic organic management plan for the facility is attached.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Principal Executive/Authorized Agent
(please circle one)

Please return this form to: King County Industrial Waste
130 Nickerson Street, Suite 200
Seattle, WA 98109-1658



Industrial Waste Monthly Self-Monitoring Report

Mail or FAX to: King County Industrial Waste
130 Nickerson Street, Suite 200
Seattle, WA 98109-1658
Phone 206-263-3000 / FAX 206-263-3001

Company Name: **ALASKAN COPPER WORKS**

Sample Site No. **A-4010** Permit/DA No.: **7238**

Please Specify Month & Year: Month **November** Year **2006**

This form is available at <http://dnr.metrokc.gov/wlr/indwaste>

All units are mg/l unless otherwise noted. Note: For cyanide circle test performed - amenable or total ▼

Sample Date (circle)	Sample Type C (Composite) G (grab) BC (batch)	pH		Cadmium, Cd	Chromium, Cr	Copper, Cu	Lead, Pb	Mercury, Hg	Nickel, Ni	Silver, Ag	Zinc, Zn	Cyanide (CN) Amenable (A) or Total (T)	NP Fats, Oils, and Grease (Average of 3 grabs)	Flow (GPD) Industrial	Notes (Indicate Batch Discharges)
		Min	Max												
(1)	C	9.8	11.3		2.94	2.94			3.64		.05			2665	Metro 24 hr.
2		11.3	11.7											1675	Comp 10-31
3		10.6	11.4											1065	To 11-1
4		10.6	10.6											2053	
5		-----	-----											-----	
6		9.7	10.3											737	
7		9.9	10.1											1500	
8		9.9	10.0											1810	
(9)	C	9.5	9.8		.34	.33			.37		.05			1053	
10		9.3	9.4											1250	
11		9.4	9.4											1921	
12		-----	-----											-----	
13		9.9	10.4											831	
14		9.9	10.4											1180	
15		9.7	10.2											1916	
(16)	C	9.8	11.1		1.96	1.41			2.46		.07			2704	
17		9.9	11.3											3251	
18		9.4	10.4											1610	
19		-----	-----											-----	
20		10.2	10.5											1747	
21		10.4	10.5											2552	
(22)	C	10.2	10.4		.95	.87			.95		.46			1592	
23		-----	-----											-----	
24		-----	-----											-----	
25		-----	-----											-----	
26		-----	-----											-----	
27		9.6	10.2											1621	
28		10.2	10.6											1568	
29		9.9	10.3											1606	
(30)	C	9.9	10.4		.86	.53			.89		.01			1394	
31		-----	-----											-----	

Monthly Min pH **9.3** & Date **11-10-06**
Monthly Max pH **11.7** & Date **11-02-06**

Total Monthly Flow (gallons) **39301**
Maximum Daily Flow **3251**

& Date **11-17**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter tested.

James T. Brown
Signature of Principal Executive or Authorized Agent
Date **12/14/06**

PLEASE CIRCLE ALL PERMIT VIOLATIONS

Due Date: Monthly report is due by the 15th of each month.



Industrial Waste Monthly Self-Monitoring Report

Mail or FAX to: King County Industrial Waste

130 Nickerson Street, Suite 200

Seattle, WA 98109-1658

Phone 206-263-3000 / FAX 206-263-3001

Company Name: **ALASKAN COPPER WORKS**

Sample Site No. **A-4009**

Permit/DA No.: **7201**

Please Specify Month & Year: **Month November 2006**

This form is available at <http://dnr.metrokc.gov/wrl/indwaste>

All units are mg/l unless otherwise noted. Note: For cyanide circle test performed - amenable or total ▼

Sample Date (circle)	Sample Type C (Composite) G (grab) BC (batch)	pH		Cadmium, Cd	Chromium, Cr	Copper, Cu	Lead, Pb	Mercury, Hg	Nickel, Ni	Silver, Ag	Zinc, Zn	Cyanide (CN) Amenable (A) or Total (T)	NP Fats, Oils, and Grease (Average of 3 grabs)	Flow (GPD) Industrial	Notes (Indicate Batch Discharges)	
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Monthly Min pH Monthly Max pH & Date

Total Monthly Flow (gallons) Maximum Daily Flow & Date

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James Brown 12/14/06
Signature of Principal Executive or Authorized Agent Date

PLEASE CIRCLE ALL PERMIT VIOLATIONS

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